



INSTRUCTIONS FOR COMPLETING A PIA WAIVER FORM

The PIA Waiver Request Form must be completed in its entirety and mailed to: Sales Branch, Prison Industry Authority, 560 East Natoma Street, Folsom, CA 95630-2200. The PIA Sales Branch can be contacted at (916) 358-2733, if you have any questions.

1. **Department:** Provide the name of the State department or agency
2. **Signature required by either:** Type the name of the Agency Secretary, Department Director, designee, or Procurement and Contracting Officer that will be signing under Required Approvals
3. **Institution: (if applicable)** Provide the name of the Department of Corrections correctional facility
4. **Contact Name:** Provide the name of the contact person for questions pertaining to the waiver request
5. **Telephone:** Provide the telephone number for the Contact Name
6. **FAX:** Provide the FAX number for the Contact Name
7. **E-mail:** Provide the e-mail address for the Contact Name, if available
8. **Street Address:** Provide the street address of the requestor
9. **Mailing Address:** Provide the mailing address if different from the street address
10. **Contractor Name:** Provide the name of the vendor that be utilized if the waiver is approved
11. **Contractor Address:** Provide the address of the vendor that will be utilized if the waiver is approved
12. **Purchase Order Total \$\$:** Provide the dollar amount of the waiver request
13. **Purchase Order #:** Provide the Purchase Order number, if available
14. **Quantity for each line item requested:** Provide the number of items for each product being purchased
15. **Requested Delivery Date:** Provide the date items need to be delivered
16. **Provide a brief description:** Provide a description of the items to be purchased (e.g., chairs, desks, T-shirts) Attach additional information as necessary
17. **Surplus Property Certification by Department:** Signature indicates that DGS Surplus Property has been visited or contacted by phone to certify there is no surplus property available that meets the functional needs of the department. **THIS PORTION MUST BE SIGNED**
18. **Agency Secretary/Department Director or designee or Procurement and Contracting Officer (PCO): THIS PORTION MUST BE SIGNED BY PERSON DESIGNATED IN #2 ABOVE**
19. **Prison Industry Authority:** This portion will be completed by PIA